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Bib Data Sheet

CONFIRMATION NO. 6416

SERIAL NUMBER 10/660,542	FILING DATE 09/12/2003  RULE	CLASS 340	GROUP ART UNIT 2635	ATTORNEY DOCKET NO.					
<b>APPLICANTS</b>  Curtis Satoru Ikehara, Aiea, HI;  Martha Elizabeth Crosby, Kailua, HI;									
** CONTINUING DATA ***** NO									
** FOREIGN APPLICATIONS ***** NO									
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 12/05/2003									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border-bottom: 1px solid black;">           Foreign Priority claimed  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no            35 USC 119 (a-d) conditions met  <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance            Verified and Acknowledged         </td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;">           STATE OR COUNTRY HI         </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           SHEETS DRAWING 9         </td> <td style="width: 10%; border-bottom: 1px solid black; text-align: center;">           TOTAL CLAIMS 13         </td> <td style="width: 20%; border-bottom: 1px solid black; text-align: center;">           INDEPENDENT CLAIMS 3         </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY HI	SHEETS DRAWING 9	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3
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<b>ADDRESS</b> Curtis Ikehara 99-603 Kaulainaahee Place Aiea , HI 96701									
<b>TITLE</b> Input device to continuously detect biometrics									
FILING FEE  RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees ( Filing )</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees ( Issue )</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> </table>					<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees ( Filing )	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )	<input type="checkbox"/> 1.18 Fees ( Issue )	<input type="checkbox"/> Other _____
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